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Vol. XVI.

MARCH, 1895.

No. 3.



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ONLY BY

*Charles Marchand*

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stomach, and harmless under prolonged use.

**It has Gained a Wide Reputation,** particularly in the treatment of Pulmonary  
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**Its Action is Prompt:** it stimulates the appetite and the digestion, it promotes  
assimilation, and it enters directly into the circulation of the food products.

**The** prescribed dose produces a feeling of buoyancy, and removes depression and  
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As these cheap and inefficient substitutes are frequently dispensed instead of  
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wise—of the contents thereby proved.

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**Mr. FELLOWS, 48 Vesey Street. New York.**



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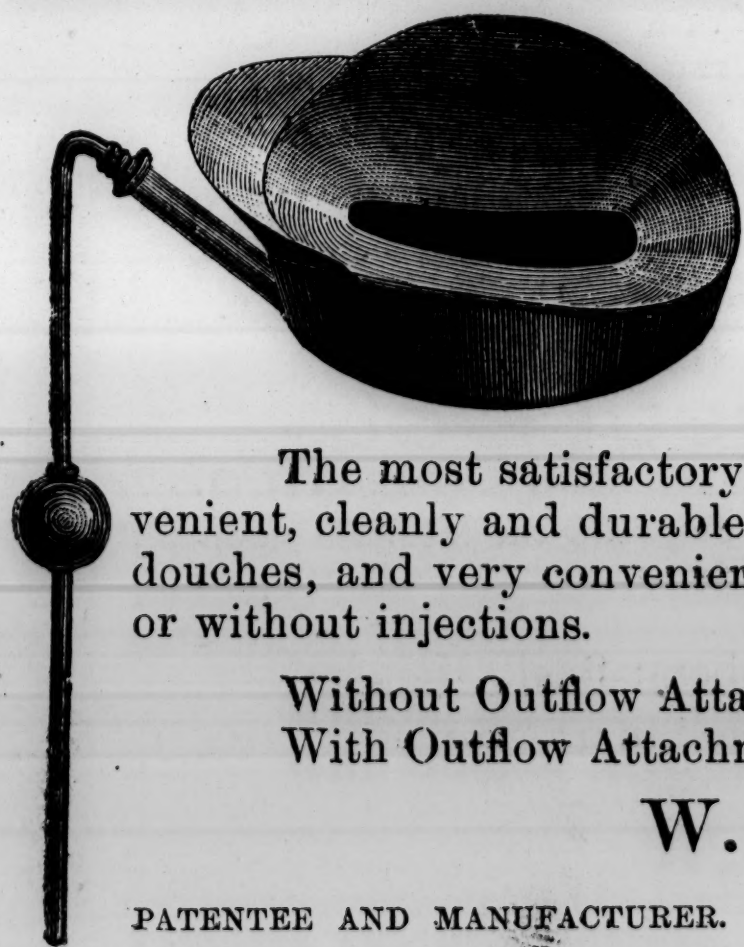
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Relaxation of the uterine ligaments and weakening of the vaginal walls.

Falling of the womb. Ulceration of the os uteri.

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Painful and scanty menstruation.

Where the womb is extremely irritable and neuralgic.

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Moisten the tampon with the remedy, draw it back into the capsule by means of the linen thread, replace cap and insert.

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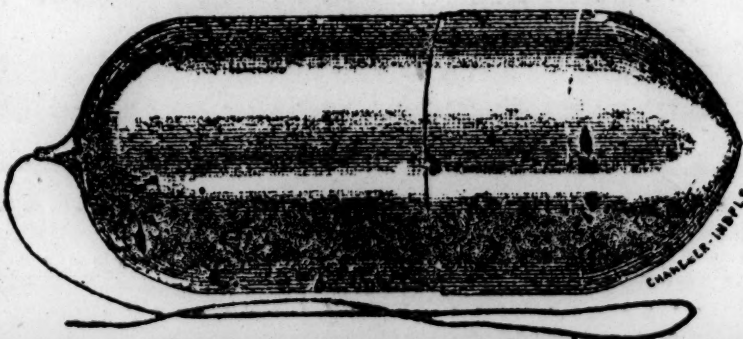
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Exact size of No. 2 Capsule.

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Absorbent Cotton,  
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Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation?

In stock with all San Francisco jobbers; Snell, Heitshu and Woodward, Portland, Oregon; The Stuart, Holmes Drug Company, Seattle, Washington.









**J. W. HAMILTON, M. D.**

*Professor of Gynæcology, California Medical College.*



# California Medical Journal.

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San Francisco, California, March, 1895.

{ NO. 3

## Original Articles.

### CALOPRAOTIC SURGERY. (No. 10.)

(Gr. *kalos*, beautiful, and *prassein*, to make.)

Lectures by PROF. GERE, California Medical College  
Intermediate Course, '94.

Dimples are thought by some to be a beautiful embellishment, but opinions differ on this point. They are most likely to occur in the young, and in connection with a fair deposit of subcutaneous fat; they are produced temporarily by contraction of some muscle which is inserted into the skin at the point where the depression occurs.

Permanent dimples occur in fleshy persons at any point where the skin is connected with the deeper structures by unyielding bands of fibrous or cellular tissue, preventing free movement of the skin over the muscles or bones. They may be produced artificially, if desired, by making a slight incision through the skin down to the deeper structures and keeping the point depressed by pressure until union takes place, when the depression will be permanent. *Per contra*, dimples can be removed by a subcutaneous division of the the restraining fibres, and daily manipulation to prevent renewed adhesion (refer to treatment of depressed scars).

Minor blemishes may be concealed or the general contour of the face altered and improved in case of the

adult male, by the presence and arrangement of the beard—a broad face may be apparently narrowed by shaving the cheeks and cultivating a chin whisker, a narrow face may acquire an apparent fullness by the development of "Burnsides" or "Presbyterians," or an ugly mouth or upper lip concealed and adorned by a moustache and imperial. The fair sex, however, are, as a rule, devoid of this masculine source of advantage, and so far from desiring it they regard it, when inflicted upon them by some freak of nature, with horror and disgust. Many an otherwise fair lady has had her life embittered, has been debarred from matrimony or driven to seclusion from society, or even to suicide, by a growth of hair upon her face. True, a slight downy growth on the upper lip is not unnatural, nor particularly objectionable, but the case is different if the hair is coarse or dark, or is implanted upon the cheeks and chin, as well. With advancing age the growth is likely to be much increased, and large isolated hairs or hairy moles are quite common on the faces of elderly ladies, particularly those of foreign blood.

I have thought that *hirsuties* appears to be more common in San Francisco than any other place in America with which I am familiar—probably another evidence that the "glorious climate of California" encourages the growth of almost everything. Many women pull out these hairs or break them off.





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Some even shave regularly, but these measures serve but to stimulate an increased and more rapid growth. Caustic or irritating drugs are often advertised and sometimes used as depilatories, but, as a rule, these applications when harmless are useless, and if strong enough to kill the hair destroy the skin as well. I have known ladies to use a nostrum, called "Modene," which seemed to be sufficiently caustic to remove the hair superficially without burning the skin, but it left the deeper roots untouched and the hair grew much coarser and uglier than before. Some preparation containing sulphide of barium is often recommended, the following formula, for instance:

R

Sulphide of Barium, 50 parts.

Oxide of Zinc.

Starch.

aa 25 parts.

Mix with sufficient water to make a paste, which spread on the skin and allow to remain ten minutes, then scrape off.

I have also experimented with ethylate of sodium, which has been highly recommended, but the results were unsatisfactory. The only safe and effective method is to destroy separately each hair papilla (situated at the bottom of the hair follicle) without injuring the surrounding skin. This was formerly done by inserting a needle or fine wire with a rough, jagged end into the follicle and twisting it around until the papilla was destroyed, but this method is tedious, painful and uncertain. The recent discovery of the application of electrolysis to these cases is one of the most valuable in calopractic surgery.

A fine gold or platinum needle, or a jeweller's steel broach, properly tempered, and with a blunted end, is

attached to the negative electrode of a galvanic battery—the positive electrode should be a sponge, wetted with a solution of sodium chloride—the needle is inserted to the bottom of the follicle and the circuit then completed by the application of the sponge to some part of the patient's person, preferably near the needle if practicable, but in the absence of an assistant the patient may take the sponge handle in one hand and at the word of the operator apply the sponge to the other hand (or the other hand to the sponge, as may be most convenient). When the current has continued for a few seconds a little froth issues from the follicle around the needle, and the skin turns white, when the hair is found to be loose and comes away without resistance, showing the success of the operation. The current strength should be from  $\frac{1}{2}$  to 2 milliamperes, according to the sensitiveness of the patient, but any effective force causes some pain at first, though a narrow zone is soon anesthetized by the electricity, which may be taken advantage of when the hairs grow close together. To avoid inflammation and abscesses the skin should be first thoroughly scrubbed with an antiseptic solution (preferably carbolic acid, three or four percent, as this also benumbs the sensibility of the skin somewhat, and cocaine may be added) which should be repeated at intervals during and after the sitting.

The instruments used should, of course, be thoroughly clean and aseptic. The patient should be warned that repetition of the treatment may be necessary after a few weeks, as a small percentage of the hairs may return, as a result of incomplete destruction of the hair papilla, but es-



pecially as small hairs or germs are likely to take on rapid growth after the removal of the original crop. Care, patience and perseverance will, however, certainly and satisfactorily effect a complete removal of the affliction, and no noticeable scars will remain if the operation be properly performed. Should the hairs be situated in tufts, with elevated skin (hairy moles) the electrolytic effect necessary to destroy the hair bulbs will also cause absorption of the hypertrophied tissue, thus curing the moles also.

### TUBERCULOSIS.

KENT O. FOLTZ, M. D., AKRON, OHIO.

At a time that the majority of the medical profession is wrestling with the never absent germ, and all their energies are being used in the direction of some drug that will kill the germ without stopping the bill for services rendered, it has seemed strange to me that so little attention has been directed to some common sense methods of treatment. The reason, I suppose, that this is not done is that it is not impressive enough.

I have handled a great many cases with fairly good success, and will give my plan of treatment by taking some cases from my record:

G. M—, æt. 18. Had been given up by three doctors, the last one saying he could not live a year. I found on examination the following conditions: Pulse, 140; temperature, 102; cough nearly constant: night sweats; much emaciated; appetite poor; so weak that he could not walk more than fifty or sixty yards without stopping to rest;

respirations, 22 per minute. Found that the lungs were not so badly affected as the larynx. The pillars of the fauces, velum, uvula, the mucous membrane on the posterior wall of the pharynx thinned. The larynx also showed the characteristic thinning. Prognosis, bad.

I had little faith in any result from medicines in tubercular laryngitis, but as I was young in the practice then, I agreed to give him a trial.

I ordered all the rich milk that he could drink, and also told him to eat plenty of fat meat. He said that he could not eat the meat, but I insisted, so he promised to give it a trial. I ordered him to go to bed at eight o'clock every night and that he should sleep as long as he pleased mornings (this was only as late as half past six). I also told him to walk a short distance every day, gradually increasing the distance as he could do so. This walk was to be taken without any regard to the weather, unless the storm was very heavy. Chest exercises every morning and evening. Twice a day he was to go out of doors and fill the lungs as full of air as possible, holding the breath a moment then expelling all the air he could. The forced respirations were to be three in number at the start, and increase the number as he could without causing dizziness. None of the exercising was to be carried to the point of fatigue, but he was to stop as soon as a suspicion of weariness was felt.

The bowels were to be kept as regular as possible. I gave the following:

R

Sp. Tr. Veratri - - ʒss  
Liq. Potass. Arsenitis gtt. xx  
Syr. Calcii Lactophos. q.s. ʒiv

M Sig.—Teaspoonful four times a day.



After a few weeks the amount of veratrum was increased to a drachm. Later the Fowler's solution was increased so as to give one drop doses.

This was followed without any material change in the treatment for a year. At this time his pulse was down to 96. Temperature,  $99\frac{1}{2}$ . He could walk five or six miles without getting tired out, and had gained thirty pounds. I kept him on the veratrum for another year, but varied the other remedies as occasion seemed to warrant. At the end of the second year he was able to go back to his trade, carpenter, which he worked at for four years. The last time I saw him he was a picture of health, weighing 175 pounds, no cough and feeling as well as any one could. Two weeks later he went west on a pleasure trip and was taken sick with inflammation of the bowels, dying the fourth day from his attack.

A. N——, æt. 20. Dressmaker. Has been failing in health for nearly a year. Pulse, 128. Temperature, 102. In fact, the usual line of symptoms of tubercular disease of the lungs. A condition existed however that I did not have in the first case, namely, hysteria. I laid down a similar line of rules in this case as in the other, but gave in addition the following:

R

Sp. Tr. Pulsatillæ	-	3ss
Sp. Tr. Belladonnæ	-	gtt. iv
Vini Xerici	-	q.s. ʒiv

M Sig.—Teaspoonful every two hours so that the third dose is taken just before retiring.

The night sweats were soon controlled, and the hysterical condition disappeared in a short time, so I placed my reliance on the veratrum prescription. This was varied at times to suit the in-

dications, but was followed faithfully for a little over two years, when the young lady was dismissed. There has been no evidences of a return of the trouble since.

E. E——, æt. 17. Came to see me some four months ago with well defined symptoms of tubercular trouble of the lungs. Pulse, 130. Temperature, 101. Cough was so constant that she could not sleep nights. Night sweats were not so marked as in some cases. Family history better than in the other cases reported. Chest expansion,  $\frac{3}{4}$  in. Respirations 24. I followed the veratrum treatment but on account of the apprehensive condition, I gave Sp. Tr. Pulsatilla in  $\frac{1}{2}$  drop doses combined with the veratrum. This was continued for three weeks when the Fowler's Solution was substituted for the pulsatilla. Improvement was steady from the first, until after two months treatment suppression of the menses caused a change of medicine. I gave:

R

Sp. Tr. Cimicifugæ	-	gtt. xv
Sp. Tr. Ignatiæ	-	gtt. viij
Vini Portensis	-	q.s. ʒiv

M Sig.—One half teaspoonful four times a day.

In two weeks this difficulty seemed to be relieved and a return was made to the veratrum and arsenic preparation. This has been continued ever since without change.

Present condition. Pulse, 96; temperature, 99; chest expansion,  $3\frac{1}{4}$  inches; respirations, 18; weight increased  $4\frac{1}{2}$  pounds. Walks from three to four miles a day without fatigue. Cough disappeared. Sleeps well and says that it is foolish for her to doctor any more. I did not tell the young lady what the trouble was with her, but told the moth-



er, so we are keeping her on the treatment steadily.

It is early as yet to tell what the outcome of the case will be, but I am pretty sure that the young lady will make a good recovery if she does not grow careless.

I seldom prescribe cod-liver oil in these cases, as I think that any fatty food will do as well. I have more confidence in plenty of outdoor exercise, sleep in well ventilated rooms, and all the time passed in bed that the patient will sleep, plenty of fatty foods, and some good arterial sedative, in medicinal doses, than I have in all the germ destroyers that are known to that erudite class of men known as physicians of the bacteriological school. It seems a pity that common sense is at such a discount in a vocation that needs a cool head and plenty of good, hard, common sense. Fine spun theories are all very well in their place, but when life is at stake, it seems to me that I would rather trust myself in the hands of a practical man, than in those of the theorist, even if he had the names of all the bugs at his tongue's end.

### EXOPHTHALMIC GOITRE.

W. M. MASON, M. D., LODI, CAL.  
(Read Before the State Medical Society.)

Thinking a few notes on a well marked case of this disease might be interesting, inasmuch as my treatment was a little unusual and, moreover, successful, is my only apology for this paper.

I first saw the case about two years ago, but as the patient was under the care of a brother practitioner I made

no comments, but as I saw her from time to time, was much interested in studying the case and observing the course of the disease. At this time she was doing her work the most of the time, but with considerable effort. She steadily failed, losing weight and strength until about the first of last April, when she placed herself under my care. She was then confined to her bed and able to be up only a few moments at a time.

I felt considerable hesitation in taking charge of the case, as it had continued so long and the general health was so disturbed, and especially as any treatment heretofore tried had not in the least even so much as checked the disease.

The patient was a woman of about thirty-two or three years of age, about five feet two or three inches in height, fair skin, light hair and eyes, and rather a nervous temperament; mother and father both living and no history of scrofula or hereditary disease in the family. No serious illness until after marriage, but as near as I could tell by her description, she had a very narrow escape from death from septicæmia, caused by the want of proper care at the time of the birth of her first child, who is now twelve years of age. She has had several miscarriages, but says none since the birth of her youngest child, now five years old, at which time she dates the beginning of her present difficulty, though she says she had been troubled with slight leucorrhœa since the birth of her first child. At the birth of her last child, just as the head was being born, she says she felt a sensation as though something gave way in the throat and almost suffocated her; but after a time this passed away



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no comments, but as I saw her from time to time, was much interested in studying the case and observing the course of the disease. At this time she was doing her work the most of the time, but with considerable effort. She steadily failed, losing weight and strength until about the first of last April, when she placed herself under my care. She was then confined to her bed and able to be up only a few moments at a time.

I felt considerable hesitation in taking charge of the case, as it had continued so long and the general health was so disturbed, and especially as any treatment heretofore tried had not in the least even so much as checked the disease.

The patient was a woman of about thirty-two or three years of age, about five feet two or three inches in height, fair skin, light hair and eyes, and rather a nervous temperament; mother and father both living and no history of scrofula or hereditary disease in the family. No serious illness until after marriage, but as near as I could tell by her description, she had a very narrow escape from death from septicæmia, caused by the want of proper care at the time of the birth of her first child, who is now twelve years of age. She has had several miscarriages, but says none since the birth of her youngest child, now five years old, at which time she dates the beginning of her present difficulty, though she says she had been troubled with slight leucorrhœa since the birth of her first child. At the birth of her last child, just as the head was being born, she says she felt a sensation as though something gave way in the throat and almost suffocated her; but after a time this passed away



without leaving any apparent symptoms, though it was a longer time than usual before she regained her strength. Some time afterwards, nearly a year, she thinks, she noticed a slight enlargement of the neck and occasionally a slight palpitation of the heart on any unusual excitement or exertion. These symptoms slowly but steadily increased in severity until, at the time I took charge of the case, she was confined to her bed and was very anæmic and much emaciated. The thyroid gland was much hypertrophied, the exophthalmos so extreme that it was impossible entirely to close the eyes, and the action of the heart rather weak but very rapid, the pulse ranging from 140 to 160 when she was as quiet as possible but on any exertion or excitement it would be over 200 and accompanied by much difficulty of breathing and fainting sensations. These paroxysms would occur a number of times each day without any visible exciting cause. The whole system was rapidly being undermined; the digestion was sluggish, the bowels constipated and the nervous system very irritable. There was, in addition, a slight cervical endometritis and considerable ovarian tenderness; menstrual flow very irregular and scanty and accompanied by severe neuralgic pains. Also, during the menstrual period the neck was much more painful, while the other symptoms were very much more distressing. She was much troubled by insomnia and even when she did sleep, it was so broken and restless that it seemed to do no good.

As to the cause in this case, she is very positive in her belief that it was due to violent straining at the time of the birth of her last child. In fact

there seems to be no other cause, though the uterine derangement may have aggravated it somewhat.

The treatment was a matter that gave me much concern, as I knew the ordinary treatment had been tried faithfully and had completely failed. She had taken potassium iodide, chloride of iron, quinine, and mercury in various forms, and the whole list of similar remedies, until the stomach and digestive organs would bear no more. Such being the case, I was forced to formulate an entirely different line of treatment. On careful examination of the heart I could detect no evidence of any organic lesion though there was a faint systolic murmur over the apex, but no dilatation or hypertrophy. The murmur was only that likely to be found in marked cases of anæmia such as this one presented. In studying the case I reasoned that the most probable theory was that the excited action of the heart was due to mechanical pressure on the pneumogastric nerves, thus preventing their proper inhibitory influence on the action of this organ, and that the systemic and nervous wrongs were due in a great measure to the disturbed conditions resulting therefrom; though perhaps the vitiated secretions of the thyroid, as claimed by some authors, had something to do with them. If this reasoning were correct I must find remedies that would stimulate these partially paralyzed pneumogastries, aid and stimulate the nutrition of the whole system to overcome the anæmic condition, and something to reduce the hypertrophy of the thyroid gland. I remembered seeing the statement that veratrum acted as a heart sedative by stimulating the pneu-



mogastries, and I decided to employ it for this purpose. For the second condition as drugs had failed I decided to try Faradism, as Professor Webster and many others had spoken very highly of it for this purpose; and for the third, as soon as possible to use the galvanic current.

I commenced by using one-fourth drop doses of veratrum every three hours and rapidly increased the amount until she was taking the enormous doses of twelve drops of Lloyd's specific veratrum every three hours. This she continued for about two weeks before it began, permanently, to control the heart's action, and incredible as it may seem there was at no time any nausea or other unpleasant effects from the remedy. I gave careful direction that the pulse should be counted before each dose and if 100, to reduce the dose one-half, and if 90, to stop altogether. First I used the Faradic current every alternate night for about 45 minutes, the negative pole at the sacrum and the positive at the base of the brain for 20 minutes, then the negative over the stomach and liver, and the positive pole over the cervical vertebra for 15 minutes then moving the negative over the uterus and ovaries for 10 minutes. After the first week I used it three times a week for two weeks and then twice a week. As soon as the pulse was steadily near 100, I rapidly reduced the doses of the veratrum, giving just enough to keep it near that point and at the end of four weeks stopped it altogether as the average pulse was below 90.

I now began the use of strophanthus in the ordinary doses to make the effect permanent and to strengthen the heart. As soon as she was able to come to the

office, which was in about three weeks from the time I first took charge of the case, I began the use of the Galvanic current to the thyroid, placing the negative pole over the gland and the positive at the base of the brain using 15 to 20 milliamperes for fifteen minutes, once each week.

During all this time I used pulsatilla and macrotys to regulate the menstruation which became normal after the second month. At the end of two and a half months the pulse averaged 85, appetite excellent, digestion good, had gained 20 pounds, exophthalmos scarcely noticeable, a very slight enlargement of the neck, apparent only on careful examination, and very rarely the least palpitation of the heart. She was doing all her own housework and took care of her children. She declined to take further treatment saying she felt as well as she ever did. It has now been five months since she has taken the least treatment and as there is no appearance of a return, I have every reason to think the result is permanent.

Whether or not my reasoning was correct I leave you to decide, but if I had reason to suspect a weak heart or any serious valvular lesion, I think I should be very careful how I pushed the veratrum. In these cases strophanthus or digitalis might be better and safer.

I regard the use of electricity of the utmost importance in the treatment. The soothing effect of the Faradic current was very marked. Before, sleep had been almost impossible, but she was almost sure to go to sleep while I was administering the electricity and sleep soundly all night, as I used it in the evening always after she had retired. The effect of the Galvanic in reducing the hypertrophy of the thyroid



was equally prompt and both together seemed to have a very beneficial effect in soothing and giving tone to the nervous system.

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### DIPHTHERIA.

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O. S. LAWS, M. D., LOS ANGELES, CAL.

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An apology is due for presenting this hackneyed subject, in fact, I offer two.

The first is for writing at all, and the second is for not writing sooner. The fact that the death rate is so great under the best treatments now offered by high authorities, is reason enough for the first, and the fact that the simple treatment hit upon thirty years ago, has been almost uniformly successful, is reason enough for the second. Because a perfect success is always suspected as a fraud; I feared to tell it.

The treatment I shall describe was first used by me in 1864 in an epidemic among the children of eastern Kansas.

The name "diphtheria" is not in any work of mine, written previous to that date. Hence I met it without any knowledge of what it was supposed to be, or of its dangerous character, and formed my own opinion of it, and treated it accordingly. And after the smoke of a two months' battle had cleared away, my record showed that 64 cases had been under my care, and only one funeral, and that was my first case, and second handed. The first doctor did not know what the disease was. Neither did the second. So, my after treatment was not used in that case, and possibly might have saved it, a boy of eight years. Another

child died near by in other hands, soon after.

Soon I was called to several cases and having formed, meantime, a theory of the origin of the disease, and what to name it, I "gave it a name and fired at it," as Dr. Scudder used to say of the old time methods. And I hit the target every time from that on, and in fact ever since when the treatment could be carried out, and only one exception to that, which was my last case, and here in this city. It was a five year old boy that resisted everything from first to last.

In August 1864, where I lived, a large number of horses sickened and died of a strange disease, all over the country. People would ask me what was killing all the horses in the land. I told them it was erysipelas. And in September when the children began to sicken and die, I reasoned that they were poisoned with the same disease, from the same source, or from the poison in the air from the dead horses all over the country. Having decided that it was *erysipelas of the throat*, I felt perfectly at home, for never had I failed to cure my cases of that kind when the disease was manifest on the surface. So I determined on a method of procedure that was carried out alike in all the cases, with the above given result. Prof. R. S. Newton was my teacher in therapeutics.

I combined his tinc. of iron remedy for erysipelas with his skillful use of the probang to diseased throats in general, and have never had reason to regret my decision. But I introduced something besides the tinc. of iron, that at the time was only meant to prepare the throat for a more complete contact with the diluted iron, when sent in on the cotton carrier.



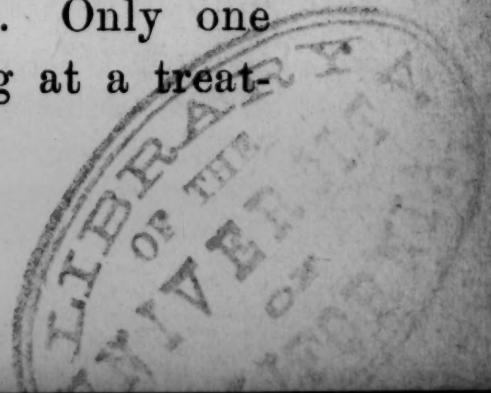
Seeing that the throats were filled with mucus that became tough and foul, I made it a rule to cleanse the parts somewhat with a mixture composed of dil. acetic acid 3j and sodium chloride 3j. A good sized wad of cotton suited to the size of the throat, was wet with this and carried firmly and quickly to the posterior wall of the pharynx, and as quickly withdrawn. In a few moments this was followed with another probang wet in a mixture of chloride of iron and water, varying in strength to suit the case. Sometimes equal parts, and often not so strong. The tinc. of iron internally, in 3, 5, or 10 drop doses every 2 hours. And if any sedative was needed I gave veratrum vir. mixed with the iron. These were the only drugs used, unless the bowels needed attention. In that case a little podophyllin was added to a small diaphoretic powder and one given every 3 or 4 hours till they gave satisfactory results. Not a death occurred in my practice in that disease under that treatment. The one that died here a year ago was not thus treated because he was so violent in his resistance that nothing could be done without overpowering him, and I knew no good could come from that. Aconite, phytolacca, iron, echinacea, etc., were prescribed and his mother got some down him, but there was a storm of passion preceding every dose. Still he lived eleven days, showing clearly that he might have recovered if treatment could have been carried out as usual. But there was a well developed case of erysipelas of the face about the eighth day, verifying my theory of the nature of the disease.

In the epidemic of 1864, my competitors of other schools lost many cases,

and were generous enough to call me lucky in not being called to any of the bad cases. Yet I treated more cases than any of them and probably all together. There was no panic to unnerve the people at that date as it would now, since diphtheria has become one of the bugbears of health officers and municipalities. I should not now expect to be able to repeat such a success for there has been so much fuss made about diphtheria that I am almost afraid of it myself. I commend a careful study of Prof. C. N. Miller's letter in tract form entitled "Science Made Easy," which is an excellent discussion of the subject of diphtheria.

I have treated a few cases with aconite and phytolacca and would have lost one if I had not fallen back upon my old plan, after the friends had given up all hope. Three mild cases also were treated in one family with sulpho calcine, topically and internally, highly diluted. They did well, and I have thought that possibly that we have here nature's antidote for the poison causing the disease. I shall try it again if opportunity offers. I now think that the saline mixture in my old treatment is the most valuable part, and that possibly we might dispense entirely with the iron, although that has become a general remedy. But it does not cure all cases, if any, alone. I have not used the saline mixture alone, but would rather risk it than the other. Both together however, have been a success.

Some object to the use of the probang. Possibly they can cure as large a per cent. without it, as I can with it. But I do not believe it. Only one motion with each probang at a treat-





ment is necessary, and not wet enough to run down the throat. Strength, not quantity, is what we want. It should be applied from 3 to 5 times a day. Older children may use gargles also, but they cannot be relied on altogether as they cannot be used strong enough. I now burn sulphur in the rooms where I have cases of diphtheria, or membranous croup.

### ALOPECIA AREATA.

Fr. Pelade. Synonyms: Alopecia Circumscripta--Area Celsi.

A. W. TRAVERSE, M. D., SAN FRANCISCO, CAL.

DEFINITION.—Alopecia areata is a disease of the skin, characterized by the production on apparently normal integument of single or multiple, distinctly circumscribed, usually roundish or ovalish, smooth, whitish, and often slightly depressed patches of baldness.

SYMPTOMATOLOGY.—Any part of the body-surface which is covered with a pilary growth may be affected with this species of alopecia; the scalp, face, pubes, axillæ, and even the general surface covered with fine hair only. The scalp however is most commonly affected. Usually there are no subjective sensations either preceding or accompanying the formation of these bald spots, although a slight itching may be complained of for some time prior to their appearance.

• The hair may fall out gradually, or so rapidly that the first intimation the patient has of this condition is a patch completely denuded of hair; first brought to view during the morning

toilet. Usually but one or perhaps two bare spots appear at first, and these may be the only ones produced, but generally others follow in rapid or slow succession, until perhaps the entire scalp is dotted with them. Their number does not usually however exceed six or seven. They vary in size from about a third of an inch to several inches in diameter.

It sometimes happens that denuded patches after being formed remain for a variable length of time without visible change in size and then disappear, but in the large majority of cases they increase in area by peripheral extension, by the rapid or slow dropping out of their marginal filaments, until they attain the size usually of a twenty-five or fifty-cent silver piece. These hairs at the circumference of the patches are found to be thin, loose and imperfectly formed, so are usually quite readily extracted without causing any great amount of pain. Stumps of friable hairs are also seen in these locations.

The sensibility of these areas is usually unimpaired, although in a small per cent. of cases tenderness or even anæsthesia of the parts may be present, but their blood supply is considerably lessened as may be shown by the slight amount of bleeding that is occasioned by pricking the surface with a needle.

When fully formed, these spots are generally devoid of hair, but if the areas which they cover are quite extensive, a few perfectly normal and firmly rooted hairs may be seen scattered over the surface. The outlining filaments are now normal and firmly attached in their follicles. The apogee being reached, which is generally in



the course of some months, the disease process reaches a period of quiescence, and the patches of baldness remain for a variable length of time, from a few weeks to many months, as conspicuous barren oases in the surrounding fertile pilary growth. When new hairs begin to appear on these spots, the process of entire new growth is usually soon completed. These patches have either a unilateral and symmetrical, or a bilateral and perhaps symmetrical arrangement.

In recently formed patches lanugo hairs are never seen, but they make their appearance in a short time if a new growth of hair is to result, otherwise irretrievable atrophy of the hair follicles is generally indicated, and permanent baldness inevitable. Usually within a few weeks a number of soft, downy hairs make their appearance in these spots, which after remaining for a short time drop out. Soon another crop of slightly stronger pilary filaments appear at the surface, and after attaining some length they too loosen and disappear. In this way several successive growths may be lost, until one is reached that is sufficiently vigorous to develop into strong normal hair, and the process of repair is complete. Sometimes, however, the first crop of lanugo hair that covers the patches gradually increases in size and strength, until it finally reaches the stage of normal hair growth. Again, the first appearance in the bald spots may be a number of large hairs whose existence is evanescent, and these in turn give place to the downy lanugo crop above mentioned. Sometimes, however, the pilary growth that covers these patches never becomes anything stronger than the original

lanugo, downy filamentous covering, and in rare cases the denuded areas remain permanently bald.

Sometimes the sudden loss of hair is general over the entire scalp, face, or even the entire body surface. When the total area of the scalp is thus affected, especially in females, the head quite closely resembles an ivory billiard ball, and these subjects are sometimes exhibited in museums as "human billiard balls." This large denuded surface may be formed either by the extension and coalescence of numerous isolated bald patches enlarging peripherally until all the hairs of the entire surface are implicated and shed, or the various regions of the whole surface may be denuded simultaneously as the result of shock to the nervous system. A case of the latter form of general alopecia of the scalp came under the writer's notice last January, in which a young man thirty-five years of age became totally and permanently bald over the entire calvarium, as the result of sudden shock to the nervous centres, caused by diving into the icy waters of Lake Michigan in midwinter to rescue a drowning child. In this last mentioned class of cases we are often unable, even by the most vigorous remedial measures, to cause a new growth of hair to replace the one that was lost, the atrophy of the hair-follicles resulting from the nerve-lesions being permanent and unrelieved.

Relapses of this skin affection are somewhat rare, yet a number of cases are on record, reported by different dermatologists, showing that recurrences do occur, and even sometimes over the identical areas previously implicated in such loss of hair. The



bald patches formed in this disease of the skin are smooth, thin, dry, and often shining when of long standing, their follicular openings are much less distinct than in normal healthy skin; and they are never implicated by vesiculation, pustulation, ulceration or cicatricial formation. In a few cases a little scaling of the surface has been noticed, and in rare instances slight redness and tumescence of short duration have been observed. This affection of the skin furnishes us about two per cent. of all skin diseases.

ANATOMY.—Prominent among those who have carefully studied the pathological anatomy of alopecia areata are Robinson in our own country and S. Giovannini in Europe. Sections from denuded patches, examined under the microscope, reveal the fact that the essential condition concerned in the production of the pathological process is one of inflammation. This is confined to the corium and its vessels, hair-follicles and sebaceous glands, as both the epidermis and subcutaneous tissues are found unimpaired. In recent cases of the disease we observe the products of inflammation in the form of round cells localized in great numbers about the lymph—and blood-vessels of the derma in special areas, instead of being scattered in a general manner throughout its structure. The papillary layer is not as much implicated as the pars reticularis. Some of the lymphatics are dilated, and a number are found containing fibrin-clots. The sebaceous and sudoriparous glands are seen in a healthy condition. The hair follicles are empty or contain lanugo or normal hairs. They are normal in part, while others are devoid of papillæ. In the

latter the bottom part of the follicles is filled with colorless epithelium comprising a hair-shaft, while farther up the lanugo hair is produced. The hairs that drop out or are extracted from the periphery of the patches are observed in a state of atrophy, as the result of an interference with the factors concerned in their nutrition. In some cases this nutritive interference causes fracture and stubbing of hair as well as fibrillation of the shaft.

In chronic cases of the affection, sections of the diseased spots show the blood-vessels to have thickened walls, which cause them to have a smaller lumen than is normal.

In old cases of many years standing, where the patches are permanently bald, the sebaceous glands and hair-follicles are destroyed, and all the constituent parts of the corium implicated in the inflammatory and subsequent atrophic process. The fundamental and vital principle concerned in the production of the morbid anatomy in cases of alopecia areata is thus seen to be a process of inflammation, and the corium, not the hair-follicles, is primarily affected, and the latter when implicated are so only through an extension of the disease.

(To be continued.)

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## NOTES ON HERNIA.

JOHN R. FEARN, M. D. OAKLAND, CAL.

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Hernia, according to Webster, is the protrusion of the viscera through a natural or accidental channel. There are several kinds, known as inguinal, femoral, umbilical, and ventrical, be-



sides hernia of the brain and lungs.

The most common form and the one we will treat of, is the inguinal, which occurs about eighty-four times in every hundred cases. This hernia follows the course of the spermatic cord, pushing a process of peritoneum before it, this process constitutes its sac.

**THE TRUSS IN HERNIA.**—The palliative treatment of hernia by means of the truss often proves curative, especially in young subjects, so it is well for the practitioner to know how to fit one properly, and thus give the patient a possible chance of cure without operation.

In measuring for a truss, the kind of hernia, size of its aperture, and whether single or double, must first be noted. The first measurement is to get the circumference of the pelvis one inch below the crest of the ilium, then opposite the hernial aperture, and its distance from the iliac spine. These measurements should be sent to some competent instrument maker who should be able to procure the instrument desired.

For a majority of cases the circular spring truss is the best, though there are several other forms to choose from. In regard to the pad, there are also several different kinds to be had, but the best are those which will not absorb moisture from the body. As to its shape, it must not be too convex or it will make the aperture become larger instead of aiding it to become smaller, and it must always press in the direction from which the hernia came.

A good test for a truss is to have the patient stoop forward, with the hands on the knees, while the limbs are apart, if on coughing while in this

position the hernia remains in position the truss will probably give good satisfaction.

**TREATMENT OF HERNIA BY INJECTION.**—Many patients come to us nowadays who have an inguinal hernia and are tired of bothering with a truss, who will not submit to the knife; in these cases we may resort to the treatment by injection.

There are several good methods of doing this operation, the best of which are Heaton's and J. H. Warner's, though the former is considered about the easiest of execution and as sure in its results as any of the others.

Heaton has a special syringe and needle. The needle is sharp pointed and, about one-eighth of an inch from the end, is perforated by two little openings through which the fluid is discharged.

The operation is as follows: The integument around the site of the operation is shaved and thoroughly cleansed with soap and water, afterwards with a sublimate solution, 1 to 2000.

The patient is placed in the recumbent position, with the hips raised in order to allow the intestines to gravitate away from the internal ring.

The syringe is now charged with nineteen gtt. of the following fluid: sol. ext. quercus alba, gr. xiv. and fld, ext. quercus alba, ʒss which are mixed together in a water bath. To each injection of nineteen gtt. is added one m. of carbolic acid and one-eighth gr. of morphia sulph. All air is now forced out.

The operator carries the index finger of the hand most convenient to himself into the canal up to the internal ring, envaginating the skin through the external ring.



The needle is now inserted just in front of the internal ring, perpendicular to the plane of the abdomen at this point. As soon as the needle is felt in the canal by the finger tip, through the skin, the finger is slightly withdrawn so to prevent the envaginated process from being pierced. The needle now being in the canal in front of the internal ring and external to the peritoneum, is held steady while two or three drops are applied directly under its point of entrance, then it is made to follow the finger down the canal to the external ring. Its contents are all discharged on being slowly retracted.

The puncture is covered by a piece of iodoform gauze over which is laid a piece of bichloride gauze, which is, in turn held in place by a spica bandage.

The pain is not great, requiring no anæsthetic. At the end of three or four days a hard, indurated mass will be found, which gradually disappears till by the end of a month it will be all gone. The first injection may sometimes fail and must then be tried again. In case of very large hernial openings it will be well to use this treatment, for if it won't close the canal it will make it much smaller, so that a truss may be used with more comfort.

**TREATMENT OF HERNIA BY OPERATION.**—There have been many operations devised for the radical cure of hernia, all of which have the same end in view, which is to remove the sac and obliterate the canal.

The parts having been thoroughly cleaned and shaved, an incision is made over the tumor in the direction of its canal, and the parts carefully divided down to the sac, which is

known, if old, by its white appearance. This is dissected out and cautiously separated from the spermatic cord. The bowel should be reduced before the sac is opened. If it contain adherent omentum this should be ligated and cut off, after which the sac is well drawn down and tied high up by cat-gut or silk. It is then cut off.

The canal is now closed by suturing the pillars of the ring together, or, better still, by suturing the conjoined tendon of the transversalis and internal oblique to Poupart's ligament, by three or four sutures.

The external wound is now closed by interrupted sutures and efforts made for union by first intention.

**STRANGULATED HERNIA.**—When there are symptoms of strangulation, the patient should be immediately placed in the dorsal decubitus with the foot of the bed elevated and the hips raised on a pillow, the limbs should also be flexed on the body. Opium should be given to relieve pain, and hot, wet cloths should be laid on the tumor. If this method does not succeed within an hour or so, the tumor may be held in one hand while with the other its contents are carefully worked out of the strangulated part. No manipulations are to be continued longer than five or ten minutes at a time, and should on no account be used after a history of twelve hours' strangulation, as it is only wasting time.

While in the East I met an old physician who told me he had never failed in reducing a case of strangulated hernia, in a practice of about forty years. His treatment was as follows: Dorsal decubitus, with hips well raised. Hot cloths to the tumor, and 3 doses of dioscorea in hot water.



When taxis and other means fail, the only recourse is to an operation. The incision is made the same as in the radical cure, only in this case the sac is opened as soon as it is reached; it may be told when incised, by the discharge of a yellowish or dark fluid. As soon as it is incised a director is inserted and it is slit open the whole extent of the tumor. The index finger of the left hand is now inserted into the sac and its point carried up to the constriction, which is to be cut by passing a probe-pointed knife along the front of the finger, flatwise, until its point has passed through the constriction, when the edge is turned upward and very slightly inward; it is now to be pressed by the guiding finger, and should not cut beyond an eighth of an inch.

As soon as the strangulation is relieved the wound is to be covered with a hot towel and left for ten or fifteen minutes. If it has now regained its normal color it is to be returned and the wound closed as in radical operation. In case the bowel be gangrenous, if the patient be in good condition, the dead part may be resected and the divided ends brought together with a Murphy's button, or if in a state of collapse a fecal fistula should be established for the time being, which may be corrected as soon as the patient has recovered.

In all cases, after operation for hernia the patient should be kept in the recumbent position with knees flexed over a pillow. No food is to be given for thirty-six hours, a little ice may be given to relieve thirst and if there be much prostration the strength may be supported by enemata of beef tea and brandy. For pain give mor-

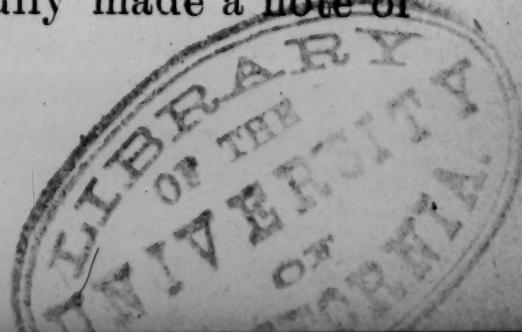
phine, and keep the bowels quiet for seven days, when they may be moved by an enema. Sutures may be removed about the seventh day. Patient should keep to his bed for at least three weeks and must then wear a truss or bandage for some time.

### THE CONDOM AS A SOURCE OF UTERINE INFECTION.

A. E. SCOTT, M. D., SAN FRANCISCO.

I have had a number of cases of erosions of the os uteri, that seemed to be obscure as to their cause, very prone to relapse and quite difficult to heal, and have been very much puzzled to account for these conditions especially the persistent and numerous relapses, some of them would heal in time and would go on for awhile but invariably they would break out again and again, often the patients were in other respects quite healthy, and quite free from strumous taints, and a few treatments would heal the raw and bleeding sore almost entirely and I would think, well, a few more applications will surely do the work, when on the return of the patient after a lapse of not more than two days from last treatment, an inspection would show the condition to be fully as bad as at first and all the ground would have to be gone over again, discouraging alike to patient and physician. These cases were so unsatisfactory and the conditions so hard to account for, that I resolved to make an extra and persistent effort to at least in a measure find a reason for them.

So I took to questioning each case into the very minutest acts of her daily life and carefully made a note of





everything that might in reason be a probable cause, and in every case of this character was an acknowledged use of some mechanical preventative of conception, in some cases it was a rubber cup or pessary, in others a sponge or something of this nature, that could be used by the woman herself, but in most cases it was a covering for the male, as a rubber or skin condom or hood, that was used. I finally became convinced that these last articles were the principal causes of the mischief and decided to look up the usual *modus operandi* of their purchase and use by the consumer. To carry out this idea I went into one of the large retail drug stores of the city and asked to see some samples of condoms, the clerk very affably conducted me to the rear of the store and pulled out a drawer labeled rubber goods and took out a number of the articles of all sizes, shapes and conditions, selecting one he proceeded to inflate it by blowing into it, then he smoothed it out by drawing it through one hand, of course there could be no means of telling what he had used or handled since washing that same hand, he did this with many of the articles of all qualities seeming to take delight in so doing. I asked him if he had much call for them. "Oh, yes." And if he always handled them in that way and if all the other clerks did the same, he answered, "Yes." I asked him how he usually did them up, "Sometimes in a paper, sometimes the customer would merely thrust them into his pocket," where they were probably carried until used. In answer to the question he said some of them remained in stock for many months and were handled by all kinds of hands in all

grades of life, dirty, diseased or otherwise. It was nothing to him how dirty or rough they became by time and constant handling. I thanked him for his courtesy adding that I would probably call again.

I next interviewed some of the men that I knew had used them, they all gave a similar history of purchase, and also the manner of caring for them was very similar, that of carrying them in the pocket till used. Putting them on all dirt, leaving great wrinkles, creases and folds in them to tear and infect. One man gave a history of his doctor getting some hoods for him and carrying them for a week or more before he saw him to get them, they must have had quite a varied experience during that time and were anything but aseptic when used. I carried the investigation far enough to convince me that this was at least one of the great causes of many uterine troubles and was one of the principal causes of abrasions and subsequent infections of the os and perhaps of the vaginal structures, that it was the use of these that caused these cases to relapse and that made them so difficult of healing. Nor is the mischief always entirely of a local nature as any physician can readily understand.

Some of the patients had used a sponge, which seemed to be about as bad in its effect, but the extent of inflammation did not seem to be as great but was equally as difficult to heal.

Of course, after ascertaining the fact, that these articles were used and realizing the amount of mischief they were capable of producing I made an emphatic protest against the use of any and all of them, and then the ques-



tion in nearly every instance was, well doctor, what am I to do, or what is to be done, husbands are exacting and the part of a wife must be acted and I am not in a condition to bear a child, or we have more family now than we can support, or we are not ready yet to raise a family, etc., —but all practitioners know only too well from experience what these excuses are. And when told that it was surely producing bad results to use them, was subjecting them to serious female troubles and perhaps endangering their lives from a possibility of the condition becoming cancerous, some of them seemed to prefer taking the chances of becoming infected with a cancerous germ rather than that of a spermatozoon, seeming to consider it the lesser of two great evils.

I do not know that physicians can do much more than point out the dangers of the use of these articles and make a vigorous protest against their use, but this they should do in no unmeasured terms, and above all must they look to it that they are not used while treating cases for intravaginal conditions for they surely retard and in some instances prevent recovery, and oftentimes extend the diseased condition. They may in a measure prevent infection in the male but are just as likely to infect the female with something that may be more serious and much harder to cure than gonorrhoea in either sex.

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## REVEALED ??

F. S. OLIVER, BALLARD, CAL.

There was in mediæval times a body of men who obtained the upper hand, and extended their regnancy into all domains,—particularly into politics, medicine and religion. Having no fear of God, man or the d——l, they introduced so much humbuggery into being that the grand truths which lie at the bottom of psychics were eclipsed. Now, that there is such a thing as psychic control by one mind over another, I need not fear to affirm. That there is some truth, aye! *much truth*, in clairvoyance, clairsaudience and kindred matters, I must affirm, because during nine or ten years I have personally been in more or less close communion with one of those mysterious men—an high occult adept. “I am not mad, most noble Festus, but speak the words of truth and soberness.”—said Paul. I say the same. In very, very many ways has this adept, “Yol Gorro,” he says his name is—mixed in the personal affairs of myself, my father, my mother and my friends. To-day I have a manuscript history reaching back over *twelve thousand* years, dictated by this man, whom my physical eye has never seen, nor my ear heard. Bosh? Not so! That MS. has attracted the critical notice of level headed, cool, calm men and women of the world, and after careful inquiry, and critical inspection of it, these people, who are not few, by any means, have pronounced it unassailable in diction, and bearing evidence of truth in its every page and claim. Written in a manner most remarkable, a manner I shall next month ask space



to describe, the work is now in my hands, requiring only six hundred dollars which I do not now have, to appear before the world.

But stay! What I most now wish to say is—that this adept came (psychically) and told me how to rapidly cure six cases of relapsed typhoid fever which my father, a good Eclectic, had at last despaired of saving. He said: "Harness thy horse, and do thou and thy father ride across the uplands to the east of thy village. When thou shalt have gone a certain ways, I will tell thee pluck the herb with the purple flower which shall be before thy horse. Take it home, and infuse it, making a strong tea. This take, and to each of those patients thy father has lost hope concerning, give ounce doses, every half hour."

We did as bidden. Out on the "upland," or mesa as we call it here, we came after some miles of driving, to a patch of sprangly herbs, growing about two feet high, and bearing *purple* flowers of the order *compositæ*. Not above twenty feet in any way was the size of this patch, which neither of us had ever seen before, for we had never before been near the spot. The infusion was bright green, and smelled strongly balsamic. Administered as directed, before the second dose was given, the worst case of the six, broke into profuse perspiration! It was but four days from then that he was moving about the house, assisted by his wife. From a temperature of which the exacerbations reached 106° and once 108° Fahrenheit, this person's temperature never after went above 99°—the fever was broken short off. The other cases also made quick recovery. Now, it must be borne in

mind that these people—five of them children—had been ill three weeks, and one over a month; that Dr. Oliver had given every remedy laid down in the books of any and all the schools, and that while, before the relapse, (caused by injudicious eating) recovery was well advanced under Lloyd's Baptisia *alone*, after relapse no remedy had any effect for over half a day, when it ceased to be of any avail. It was then, when the worst case was suffering low delirium, pulse 140, axillary heat 108° that an ounce of the revealed remedy was given with such magical effect. Yol Gorro stated that he selected the herb from its close resemblance to an herb of Hindustan he knew valuable in such cases. He also told me that there was a key to the selection of many medicinal herbs now unknown as to their uses, *from the color of their flowers*. Thus, the purple flowers very generally were chiefly efficacious in high febrile states; thus, this herb he gave us, and aconite, etc. Other colors were indicated in other conditions, the reds and yellows in low forms with tendency to purulency, pus-formation, ulceration, etc. This extended even to the metals—their effects being determinable from their color when burned in oxygen.

Now, how much of a field this would open up, Yol Gorro said not; he would, perhaps, if I asked it, but I do not know. But I desire to publish the hints he has given, and follow up if I may. So universally true has all he ever told me been, that I deem his words not to be scoffed at, nor set aside by our superior (?) materialistic conceit.



## UNCERTAIN THINGS.

G. P. BISSELL, M. D., CEDARVILLE, CAL.

It has long been a source of amusement to me to note how error grows. Something is published, and being uncontradicted it becomes established as a truth in the minds of readers who have no opportunity to investigate, and sometimes among those who have the chance but find it easier to adopt the error than to look for themselves.

Of late the subject of baldness is attracting much attention, both in and out of the profession. This would seem to indicate that the proportion of bare heads is on the increase. I mean bald heads among adults, not among babies. It may be so, but, trusting to my observation, I doubt it.

I have seen it gravely remarked, both in and out of the profession, that the heads of savages never become bald. Now it has been my fate to have resided much among the aboriginal savages of America, and of my own eyesight I know that many of them are bald—as bald as Bill Nye's pictures—and they are not old men, but men of middle age. But these same savages were not wont to go altogether without head-covering, whether the hair was plentiful or sparse. In storms and in hot sunshine they often put on a rude head-covering of rushes. But the fact stubbornly remains that many savages go bald.

Now for the civilized white man. It may be that in our race baldness is proportionally increasing, but even this I doubt. I doubt that brain work has any effect, and that head-covering has much. I think we shall have to hunt for other factors. Baldness was

common among the Greeks and Romans—far more so than among the northern nations. Whether it is so now I am not apprised.

One fact I want to bring out prominently, that occupation often determines baldness. I was raised in Connecticut, and if a land of pumpkin pies and gingerbread, also a land of sterile soil and of boulders. Now these rocks, the deposit of the ancient glacier, were so plentiful that they impeded cultivation, and farmers were accustomed to remove them and build them up into fences. This fence-building became a trade among many muscular men, who followed the business year by year in the summer season, and it became universally known among them that whoever followed the business from two to four seasons in succession, became bald. There are many boulders among some placer mines which often need to be lifted away, and I have often heard old miners assert that whoever followed the business of lifting became bald. It seems that sunshine has something to do with it, for the same effect does not follow lifting in tunnels.

That people sometimes go bald after a fever is well known. The fever had not only starved the hair follicles so that the hair fell out, but had starved the follicles themselves to death.

To go back to savages. The assertion that they never go bald lacks the same foundation of fact that the notion that they never have toothache does. Doubtless their teeth are better than ours, but all the same it was a rule among them that they might cry from toothache without degradation to manliness. Their diseases are far fewer than ours. They live exposed lives,



hence have much rheumatism and are quickly carried off by consumption.

Now, to end this long-winded paper, I want to say that I have an hypothesis, but, like Byron, I never told it until now. I have seen the practice of cutting the hair short under the impression that it will prevent it falling out. Now my theory is exactly the reverse. I reason that if the hair be left six or eight inches long, and left to sustain its own weight, that very weight stimulates the follicles to healthy action. Women are prone to go bald on the back of the head where the Grecian knot allows no weight to pull at the follicles. Men go bald in front where, the hair being cut short, the follicles lack the stimulus of the weight to pull them.

#### DOCTORS WANTED.

Editor CALIFORNIA MEDICAL JOURNAL:  
Inclosed find list of locations for Eclectics. To any enquirers enclosing a stamp I will give what information I have.

Susanville,	-	California.
Turlock,	-	"
St. Helena,	-	"
Dunsmuir,	-	"
San Lorenzo,	-	"
Vallejo,	-	"
Eldorado,	-	"

LYMAN T. WADE, M. D., Berkeley, Cal.

Kennedy's Extract of *Pinus Canadensis*, which is now made by the Rio Chemical Co., of St. Louis, has long been known in this country, chiefly from the endorsement it received from the late Dr. Marion Sims, as an efficient

astrigent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

#### AN OLD TIMER.

"Oh! Lovely Miss Crocket,  
Your eye in its socket  
Is bright as a rocket  
Just taking its start,  
And when slyly you cock it—  
Oh, my! What a shock it  
Sends through my vest pocket,  
Right into my heart."

"So let my past stand, just as it  
stands,  
And let me now, as I may, grow  
old;  
I am what I am, and my life for me  
Is the best—or it had not been,  
I hold."

—Pheby Cary.

"To put an end to conflict is impossible, life itself is a conflict."

#### Rudy's Pile Suppository

is guaranteed to cure Piles and Constipation, or money refunded. 50 cents per box. Send two stamps for circular and Free Sample to MARTIN RUDY, Registered Pharmacist, Lancaster, Pa. No POSTALS ANSWERED. For sale by all first-class druggists everywhere. N.B. Greenfelder & Co., Wholesale Agents, San Francisco, Cal. *Mention this Journal.*



*Therapeutic Notes.*

H. T. WEBSTER, M. D.

OAKLAND.

CALIFORNIA.

ONE of the striking features of our present Eclectic literature is that contributed by Dr. W. C. Cooper (C.) of the *Eclectic Medical Gleaner*. His articles are full of humorously quaint and unique expressions which are amusing, and at the same time wonderfully searching in their significance. Besides being a physician of no common merit the Doctor is a poet and philosopher. In certain respects he is the most versatile writer our school has ever possessed. The following article on "Eclectic Medicines" from the February number illustrates his terse method of dealing with a favorite theme:—

"Next to unequaled therapeutic efficacy, the most *peculiar* peculiarity of eclectic medicines is their vital tenacity. That this is not a legless assertion, is susceptible of very doubtless proof. We have long ago passed the martyr and claimant stage of reform, and come into a legitimate standardism which extracts respect from the highest "regular" authorities. With whatever of contumelious scorn they treated Eclectic medicines only twenty years ago, these have come to be eagerly (however quietly) employed by all up-to-date physicians. The ethical volition of the coderiferous is dominated by an appreciation in relation with quality, whose stringency is not to be resisted.

"Through the hysterical seizures of regular therapeutics that have been witnessed within twenty years, eclectic remedies have marched with unbroken tread up the medical incline whose terminus is lost in the ideal realm of the perfected Specific Medicine.

"We have seen the country flooded with coal tar chemicals which, as it

turns out, carry stings in their tails, more to be dreaded than the diseases they propose to fight; only a very few, if any of them, will remain their vogue. We have seen the sulphide-of-hydrogen-rectal-injection-consumption-cure come and go. We have witnessed the tumultuous cavortings of Brown-Sequard's testicular juice. We have laved in the pultaceous laudations of Koch's phthisis cure, and we are now right in the vortex of nucleins, which must soon begin to waver.

Through all this, Eclectic medicines have trotted right along with head up and tail up. No need of epileptoid convulsions to bring them into notice. They keep way ahead of the van, so to speak, through the naked force of merit alone. By the subtle charm of unembellished virtue, they insinuate their personalities into the very consciences of honest men. So it has come to pass that they have become acclimated in the chilly domain of regular medicine and are doing splendid missionary work there. The majority of Eclectic physicians have no conception of the vast quantity of specific medicines, for instance, which are in gracious and propitious use by a large proportion of the Allopaths. The fact is, a great number of Eclectic medicines are replacing their Allopathic cousins, for, after all, the true physician makes the weal of his patient prime in all its medical relations.

"There is a law of cure in medicine, and although it may not have been found yet, it is a natural fact that the system which shows the best clinical returns, most nearly represents it. No other system honestly pretends that Eclectism is not *equal* to it in bed-side success, and taking into account the most prominent feature of schoolism, this is tantamount to a confession of our superiority. Indeed it could not be otherwise, since our philosophy includes the duty of testing the drugs and methods of all other schools, and appropriating those things which prove to be good. We thus add to our own superior resources, the best



doing and means to be found outside our peculiar body. It is certain that the excellence of our pharmaceuticals plays a large part in our success. While our Allopathic brethren devote most of their time to pathological and diagnostic research, Eclectics give most of their attention to the improvement of drugs, and to the study of drug action. The result for Allopathy is a dazzling technology which hangs on learned vapor; the result for eclecticism is precision of method, and superiority of drugs. Eclecticism is practical, no less with reference to method, than with means. It is not to be inferred that Eclectics give too little attention to diagnosis, including pathology, but they do not neglect *practical* therapeutics for the schoolastic embroidery of chirurgery. They dig into *experiment* for truth instead of diving into theory for it.

"It is no doubt a fact, that the supreme excellence of modern Eclectic medicines has done more toward softening Allopathic intolerance toward us than any other agency. We, as practitioners, can not too highly honor our eclectic pharmacists for the splendid pharmaceuticals they are giving us."

**SOMETHING ABOUT MICROBE KILLERS.**—From a contribution by Steinberg, on the value and power of antiseptic drugs, we learn that the ingredients of pasteurine are capable of arresting the life of germs or destroying them in the following proportions:

"Cinnamon oil, 1 to 500 or 3,000. The essence kills the bacillus of typhoid in twelve minutes. Citric acid, 1 to 500, in which proportion it destroys germs of cholera in a half hour. Eucalyptus, 1 to 80. Gaultheria, 1 to 70. The tests by which these figures have been arrived at were made by different authors with a variety of pathogenic germs—tuberculosis, typhoid fever, cholera, various pus and septic germs, etc. The combination—pasteurine—acts equally well on the

aerobic and anaerobic germs; on mucous membranes, mouth, alimentary canal, etc., it is unequalled."

"The following micro-organisms have been found to be eliminated from the system by the liver through the bile: The bacillus of glanders, the bacillus of typhoid fever, the spirillum of cholera, the bacillus coli commune, the bacillus of anthrax, the staphylococcus pyogenes aureus, the bacillus pyocyaneus, Friedlander's pneumococcus and the bacillus murisepticus.—*Ex.*

**EYE-STRAIN A CAUSE OF NOCTURNAL ENURESIS.**—Dr. George M. Gould reports a number of cases of children who were afflicted with nocturnal enuresis, that were cured by correction of the ocular defect by glasses. In most of the children the involuntary urination was accompanied by many other nervous symptoms, such as night terrors, headaches, chorea, etc., nearly all of which were also relieved or cured by glasses that corrected the visual anomaly. Some of the patients had undergone operations and treatment that extended over years without relief of the trouble.—*Medical News.*

**"ADONIS ÆSTIVALIS", THE NEW ANTI-FAT REMEDY.**—A new remedy for reducing obesity has come to the front—a certain indication that old ones have not proven highly satisfactory. This time a Cincinnati pharmacist, a member of the fat men's brigade, weighing the modest sum of 350 pounds, reduced himself 25 pounds in a single month's time, and interrupted the remedy on several occasions because it was acting too rapidly. The President of the Tennessee State Board of Pharmacy has contributed additional testimony as to the efficacy of the remedy. As with other anti-fat remedies, marked results are reported without injurious effects. "Try all things, hold fast that which is good."



*Alumni and Personal.*

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

We wish our readers to remember the fact that while they read with pleasure news of old classmates and friends, those classmates and friends read news of yourselves with as much pleasure. It is impossible to write of people of whom we do not know. We are always glad of an item of news stated in a terse manner.

\* \*

The first in our package of Alumni letters is from Dr. Lit M. E. Raymond, of Los Angeles, who writes:

*Dear Editor:*—With great pleasure I received the February number of OUR JOURNAL and first of all turned to the Alumni and Personal column to look for news of old friends.

The first to greet me was President Miller in his inaugural message, which is, as you remarked, "with his usual grace" and quite to the point, so much so in fact, that I herewith enclose my \$ for membership, with my most humble apology for past neglect; may his message have the same effect on all negligent C. M. C. graduates. Let us all join hands and keep the Alumni and Personal corner full of interesting notes.

Am pleased to note the financial success of classmate Ward, and congratulate him on his ability in capturing a tapeworm of such long drawn out dimensions. Make your bill in accordance with the length of the worm, brother Ward.

I visited Elsinore Hot Springs last week. Dr. H. C. Royer, the physician in charge, conducted me through the commodious bath house, where they have every convenience for giving hot sulphur water and mud baths. The water with its sulphurous odor and a temperature of 140° as it comes from the ground is quite suggestive of the theory that mother Earth is affected with an inward fever.

We attended the formal opening of the new Lake View Hotel, the proprietors, Dr. Royer and Traphagen, giving a grand ball and banquet, followed next day by an excursion on the lake which was most heartily enjoyed by all. The Dr. is a liberal Homœopathist.

I called on Dr. Finch, C. M. C. class of '89; he is doing well in his practice.

Dr. Munk of E. M. I. class of '69, called on me recently, he is also doing a nice business and is a very social gentleman. He joins me in wishing success to the Alumni column.

\* \*

Dr. J. G. Tompkins San Francisco seems a veritable busy body in his extensive practice. The doctor is an able representative of the good class of '91.

\* \*

Dr. Tillie Campbell, class of '92, is doing a very good work in establishing a sanitarium in the Piedmont hills.

\* \*

Dr. J. W. Huckins, class of '86, was on our streets this week. The doctor has a fine home and nice little drug store, beside a fine practice in Danville, Contra Costa County.

\* \*

We think the Alumni and C. M. C. should feel proud of producing a member who has the energy and executive ability of Dr. Carrie Cook. The doctor arranged and carried out the plans for the benefit which all will now agree was a great success. Dr. Cook we are proud of you.

\* \*

The great success of Dr. R. W. Musgrave, of Hanford, Cal., class of '84, shows the importance of "staying with it." He has been in Hanford for ten years, is County Health Officer and is manager of the city and county hospital; has legions of friends, complains of nothing but overwork, and his record proves him to be the right man in the right place.

\* \*

Dr. Ira Wheeler, '94, writes from Kern, Cal., where he has recently located. The doctor orders a bill of drugs from the California Drug Co., and re-



ports the outlook good, although he has to contend with nine Regulars to get his share of trouble.

\* \* \*

Dr. H. W. Hunsaker, '90, San Francisco, assistant to the chair of Anatomy, C. M. C., is building up a fine practice by close attention to business. Being young, handsome and well-to-do, his bachelor days will doubtless soon be numbered. He reports news of a paying practice and drugstore for sale at a great bargain. Address H. E. Wither-  
spoon, Battle Mountain, Nev.

\* \* \*

Dr. J. B. Baker, E. M. I., '93, writes from Soquel, Cal., as follows:

"Because of continued bad health I am going to quit business for a while, and have a good thing for a doctor who wishes to conduct a drugstore in connection with his practice." The doctor is but a mile from Capitola, a very popular summer resort, and any physician with a little capital looking for a location will do well to correspond with him.

\* \* \*

Dr. J. M. Bond, '93, writes from Hanford, Cal., where he has been located nearly a year, that besides fair cash receipts, his books show \$1500 to the good, most of it collectable. The doctor keeps a full line of medicines and does his own dispensing. In his prosperity he remembers OUR JOURNAL. Thanks, doctor.

\* \* \*

Dr. P. Cargill, of Vacaville, Cal., E. M. I. '66, sends a token of prosperity to OUR JOURNAL. The doctor is one of the attractions in a very attractive and lively little city.

\* \* \*

Dr. McLennan, of far away Honolulu, H. I., joins OUR JOURNAL family with best wishes. We hope, doctor, that you will soon be entitled to a seat in our State Society from the fact of the H. Is. becoming an annex of California.

\* \* \*

Dr. Anson Sprague of Newville, Cal. sends greetings to the Alumni corner, and to the financial department of OUR JOURNAL.

Dr. A. Vesper, '88, Aberdeen, Wash., is one of the rising physicians and surgeons of the northern coast. He reports success in business, and has a warm heart for our Alumni.

\* \* \*

We are pleased to introduce to our Alumni, Dr. D. M. King, of Verdon, Nebraska, who is a lively specimen of the successful, rustling Western physician and surgeon.

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"TO CUT SHORT WHOOPING COUGH IN TWENTY-FOUR HOURS.—*The Illustrated Medical Journal* says that Dr. Moncoro treats pertussis with a ten per cent solution of resorcin, by applying the solution every two hours to the periglottal region with a throat brush. The application is made four or five times at each seance. The theory of the treatment is that the disease is due to micro-organism and affects primarily the larynx. Cultures of micro-organisms have been destroyed by the smallest amount of resorcin."

---

SALO-SEDATUS.—Enclosed please find \$2.00 for two ounces of Salo-Sedatus. I used what you sent me and am more than pleased with it. It acted like a charm in a case of Typhoid Fever, relieving all pain, and controlling the pulse and temperature,  
T. J. JONES, M. D., Carr's Station, Iowa

---

"Willie had a new toboggan,  
That was turned up at the bow,  
Upon the slide, two did collide,  
Willie's pants are vacant now."

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## *New Remedies.*

SCARLET FEVER.—So much has been written lately concerning "scarlet fever" that the busy practitioner passes to the next page when his eye meets with the above title, but to those who have the good of humanity at heart I beg for a hearing.

This section of the state (Penn.) has, since May last, been cursed with an epidemic of "scarlet fever," many cases being malignant in character. This contagious exanthema as exemplified here, has been remarkable for the length of time intervening between the subsidence of all symptoms and the desquamation. In some cases desquamation did not commence until the *twenty-first* day and in others it was six weeks before it was completed.

The forms of this dreaded disease, as generally accepted, are simple, anginose and malignant, and in these authors differ widely in characteristics. Most of the cases coming under my notice were of the pseudo-membranous anginose variety. The divisions given above, are, in my humble opinion, far from correct, nor are they consonant with the nature of the disease. Scarlet fever is a single and unvarying disease, differing only in degree of severity, produced by one and the same species of bacteria, same in course, requiring no more than does typhoid fever to be divided and semi-divided simply because it differs in severity in different subjects. Look at the picture of the bacteria. These are the germs that do the damage and there is no doubt that they are found in *every* case of this specific disease, either simple or malignant. The essential element of this affection is an inflammatory action of the mucous membrane, alike in each case, and there never was a well-authenticated case where this inflammation was not present to a greater or less extent. It may be so slight as to cause no uneasiness to the patient, or even escape the notice of the physician, but it is there all

the same, and is always shown under the "microscope."

As to the anginose and malignant types, as they are usually called, the names are of little value, for in all grave cases in which death was not due to cerebral invasion, by the third or fourth day, there developed a dangerous anginose inflammation, which although of the anginose variety still was malignant also in character. Its powers of contagion are unsurpassed by none and its propagation and dissemination by air currents, the physician, visitors, sewage, and a thousand and one other means, cannot be successfully combatted. There can be no doubt that the activity of the poison remains for an indefinite period of time. For instance, this case came under my observation: A certain church was preparing a box to be sent to a missionary in the South, and for this clothing, etc., etc., were requested of the congregation by its pastor. A mother who had lost her only child by malignant scarlet fever, *over a year ago*, had preserved a doll and some fine underclothing as mementoes. These articles were stored in a close-fitting cedar chest in the garret. The touching appeal by the minister, influenced her to donate these sacred treasures, and they were included in the box. The missionary's child wore the clothes and played with the doll—contracted scarlet fever—died, and, strange to relate, it was the only case, far or near, nor was there any further development of the disease in that vicinity.

The exact duration of the septic influence is as yet unknown and no matter how much care is taken, it can be carried away by visitors. No one realizes it more than the writer who, taking every precaution, such as baths, change of clothing and disinfection, yet carried it to one of his own children, who was too young to get it from any other source. On the other hand we have known children constantly exposed to its dangers escape entirely. Whatever may be the activity of this virus is an indisputable fact, that it



can be disseminated by the clothing of the physician and others, bedding, furniture, and desquamation. As to its *not* attacking a person a second time, I believe it does so more frequently than is supposed. I am attending a patient now, who, one year ago, had this disease without one single symptom absent. Her sister who slept with her a year ago, escaped the infection at that time, and when this attack developed she was sent away and after an absence of seven weeks she returned home only to contract scarlet fever in five days afterwards. I believe that no matter how severe the disease is in a family the constitution must be in a certain condition to receive, retain and develop the poison.

The age of five years and under, has in my experience produced the greatest number of cases, and I have known of a death at thirty-eight years. Sex does not seem to exert any influence, but most of my cases this summer and fall have been girls. One thing I have never seen noticed is the fact that the person taking the greatest interest and personal care of the patient is very prone to suffer from aggravated sore throat, of a specific nature. Some others of the family may suffer the same way.

The symptoms of the disease are familiar to every practitioner, but as to the treatment, each has his favorite—mine is as follows, nor do I claim anything as being strictly original: From the first rise of temperature and the slightest flush of the fauces, I give aconite, gtt. ij-iv, either in tablet form or tincture, every two hours, followed by belladonna, the same dose, one hour after each dose of aconite, until the rash is thoroughly out from head to foot—then the belladonna is dropped and acidi carbolici,  $\bar{z}$  ss, olei olivæ,  $\bar{z}$  x. M. Sig. Anoint all the body except the face (on which pure olive oil is used), twice daily—followed at night by a tepid bath. Where the cerebral symptoms preponderate, I give in connection with that above, a suppository containing ext. hyoscyami, gr. ss-j, ext.

cannabis indicæ, gr.  $\frac{1}{4}$ -j, camphoræ monobrom, gr. ii-v, lupulin, gr. v-xv. M. Sig. One, night and morning. This will allay to a remarkable extent the cerebral symptoms such as delirium, wakefulness and low mutterings, and prevent any tendency to convulsions.

For any stomachial symptoms, Glycozone  $\bar{z}$  j, aq. distillata,  $\bar{z}$  iij. Glycozone is a powerful oxidizing agent and in contact with the germs destroy them. The above dose may be given every three or four hours. It causes no action on the heart, kidneys or liver.

The local treatment is of the greatest importance, the fauces should at the first indication be swathed externally by a large silk handkerchief saturated in cold water, and over this a woollen bandage to prevent its too sudden evaporation, this is to be repeated every two hours until amelioration of the inflammation is noticed. Besides its local benefit, the temperature is also reduced—sponging over one portion of the body at a time also is beneficial. Next in order in importance are remedial applications, and to these specially is this article directed. Hydrozone is by long odds the best local application and constitutional remedy we have in the whole range of materia medica. It has done wonders and will do wonders for you, my skeptical brethren, if I can only persuade you to use it. The following is the proper strength, viz: Hydrozone,  $\bar{z}$  ss, aq. distillata,  $\bar{z}$  iij-vj. M. Sig. Spray the throat, fauces and nasal passages thoroughly every two hours. In this last mentioned medicine we have a comparatively recent addition to our weapons to combat this scourge, and as a germicide annihilator it has no equal and in no disease is this so well shown as in the above named. It possesses virtues peculiar to itself, and no remedy will give the physician, and what is of more importance, his patient, so rapid and beneficial a result as "Hydrozone." Caution should be used in the manner of exhibiting this oxidizing agent, and only an apparatus of glass or rubber should contain it.



A glass spoon for internal medication and a glass and rubber atomizer for the spray. No matter how severe the inflammatory process is in the fauces, or how much mucus is thrown out, the spray in a short time will change the character of the discharge and give a healthy tone to the membrane, and on the second day of use the entire buccal cavity will present a clean healthy color with the inflammation and breathing relieved, and temperature reduced. Saturate the fauces with the spray, and the bacteria present and forming will certainly be destroyed. Try it once gentlemen, and I know the death rate will be reduced and this will not be written in vain.

The action of hydrozone when brought into contact with bacteria of any description, internal or external, destroys them by decomposition almost immediately. Nascent oxygen is liberated, the albuminoids of the diseased part coagulated, and pus corpuscles destroyed, and those in process of formation utterly routed out of existence. It is energetic, destructive, with absolutely no toxic effect, but at the same time, on account of the chemical action on the albumen, it should not be injected into the circulation. In a voluminous table of bactericide potency, hydrozone stands first, the bini-  
 odide of mercury second, glycozone third, with chloride of iron twenty-five on the list. It has been found that lime water, soda bicarbonate, thymol, and eucalyptus have no action on the microbes of pseudomembranous angina, when they are once *developed*, but may exert a mild preventative action. Such articles as potash permanganate, hypochlorite of lime, bichloride of mercury, carbolic acid and silver nitrate, do destroy the bacteria, but they are dangerous to the life of the patient, whilst glycozone and hydrozone are perfectly harmless. In the table of comparative strengths of the different germicides, it has been shown that hydrozone marchand is twice as strong as Marchand's peroxide of hydrogen (medicinal); 3 times as strong

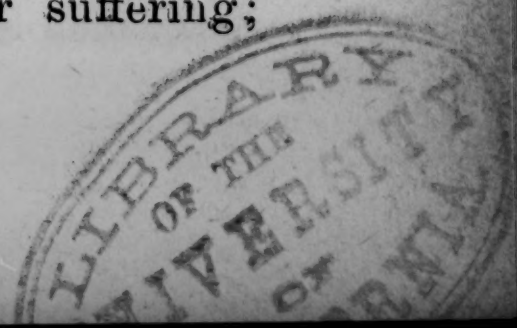
as bichloride of mercury; 5 times as strong as silver nitrate; 10 times as strong as iodine; 28 times as strong as iodoform; 128 times as strong as carbolic acid.

By glancing over the above you will see what a valuable adjuvant we have in the treatment of scarlet fever.

—JAMES S. KENNEDY, M. D., Chamberburg, Pa., in *New England Medical Monthly*, of December, 1894.

A RELIABLE RHEUMATIC AGENT.—Tongaline, Liq. Tong. Sal. (Mellier), contains in each fluid drachm, tonga, 30 grains; sodium salicylate, 10 grains; extract *cimicifugæ racemosæ*, 2 grains; pilocarpine salicylate, 1-100 grains, and colchicin salicylate, 1-500 grains. These are all preparations that, by observation, old and recent, have been demonstrated as especially valuable in neuralgia, rheumatism, gout, and sciatica: and the compound by recent observers has been noted as quite beneficial in relieving the pains incident to la grippe, as well as nervous headache. Having made quite frequent use of it, with most satisfactory results, in some cases of acute rheumatism, in many of chronic and muscular, as well as neuralgic affections, I have no hesitation in earnestly recommending it in similar cases.

In one case, Mr. J. M. B., æt. 56, who had been a great sufferer from chronic rheumatism for many years, it seemed a veritable specific. In another, a lady, æt. 41, who at nearly every menstrual period since her early girlhood, was an extreme sufferer from nervous headache, three-fourths of the time being completely prostrated and confined to her bed from one to three days, but has little if any trouble if she will continue the use of tongaline at the first intimation that the menstrual epoch is at hand. She would have long since been a morphio-maniac but for the extreme nauseating effect that always follows the use of any form of opium. To her in the last four years tongaline has been a boon indeed. Without it, she has her usual former suffering;





with it, she is quite comfortable as has been demonstrated by actual observation. Many other cases might be cited, but, as they are all embraced in the category of chronic and muscular rheumatism, neuralgia, sciatica, and gout, I think it unnecessary.

—DEERING J. ROBERTS, M. D., Editor of *The Southern Practitioner*, in Feb. 1985 number.

ALETIS CORDIAL.—J. L. Spitzmesser, M. D., Windfall, Ind., says: I was called to see Mrs. W., mother of three children, aged twenty-three years; her weight, when first called to see her, was 73 lbs. She had been treated by eight physicians for muscular rheumatism of a shifting character, invading nearly all parts of her body and limbs, and a leucorrhœal discharge that had been a great source of trouble and annoyance, since birth of last child, then seventeen months old, with chronic metritis and left lateral displacement. Patient confined to her bed most of the time, of a nervous, irritable temperament, coughing and expectorating to an alarming extent, and without hope of ever getting well. I prescribed:

R. Celerina	7½ ounces
Tinct. Rhus Tox	10 drops
Fl. Ext. Cimicifuga	½ ounce
M. Sig. Teaspoonful every 3 hours.	
R. Aletris Cordial	8 ounces
Sig. Teaspoonful alternately with above.	

Locally applied:

R. S. H. Kennedy's Ext. Pinus Canadensis (dark)	1 ounce
Boracic Acid	30 grains
Glycerine	1 ounce
M. Sig. Lambs wool thoroughly saturated, and womb kept in place by impaction of the above.	

Patient was received May 16th, and discharged October 26th of the same year, cured, is now doing her own housework; present weight is now 108 lbs. This case took three bottles of Aletris Cordial. I have got results from the above remedies that I have been unable to get from other sources.

WHAT ABOUT EXPECTORANTS? Spring is here. No mistake about that. Coughs and colds are here also. Are you going to dose your patients with syrups? But modern therapeutics tells us there are no expectorants, so what shall we do? Give Antikamnia and Codeine. This combination acts as a sedative in both acute and chronic affections of the lungs. It promptly relieves the pain and in the vast majority of cases decreases and often entirely arrests the cough. This combination is prepared in the form of tablets containing 4¾ grains of Antikamnia, and ¼ grain of Codeine.

IODIA.—Dr. Chauncy Stewart of Allegheny City, Pa., has used Iodia very extensively in his practice and regards it as the "ideal alterative—the *sine qua non* in the treatment of syphilis, scrofula, and all diseases arising from syphilitic contamination or a strumous diathesis. Iodia has this advantage over mercurial treatment in syphilis; when the patient does get well, *he is well*. He is not tortured with mercurial rheumatism nor made to blush through the syphilitic blossoming of his face in after years. *He is well*. Unlike the long-continued use of other alteratives, Iodia does not reduce and debilitate the constitution, but invigorates and restores the vital powers and enables the patient at all times to continue in the discharge of his vocation.

WATERHOUSE UTERINE WAFERS.—Waterhouse Uterine Wafers are O. K. I have used them in old chronic cases of congestion, with a discharge of thick catarrhal mucous. They awaken the organs to a state of activity, and remove the morbid condition better than anything I have used.

E. C. BEEM, M. D., Oscoda, Mich.

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## Editorial.

### "AS OTHERS SEE US."

"O wad some pow'r the giftie gie us  
To see oursels as others see us!"—Burns.

Watsonville, Cal., Feb. 14, 1895.

Dear Editor:—Enclosed please find \$1.50, my subscription for 1895. Allow me to congratulate the management on the marked and continued improvement in OUR JOURNAL in every way that makes it a vigorous, promotive force in the cause of progressive medicine. Permit me to specify:

The reading matter is becoming more scholarly, scientific and practical; the paper is of first-class quality; the printer is doing his work so well that the pages are clear and easily read; and last but probably not least, the cover is æsthetic in color and quality, neat and artistic in embellishment, and makes the monthly visit of OUR JOURNAL a joy to the eye and soul as well as to the intellect.

Any of these evolutionary results would give to the publication a wider, a deeper, and more permanent influence; and with all this bristling evidence of vitality, I think we are well assured of OUR JOURNAL'S brilliant future. Yours sincerely,

A. WILLIAM BIXBY, M. D.

From Los Angeles, we have greetings after this fashion:

"OUR JOURNAL is out of sight in its 'New Spring suit,' and with its 'Golden hair a hanging down its back'."

Yours truly, G. W. BURLEIGH, M. D.

From Santa Ana, Cal., B. W. Scheurer, M. D., writes as follows:

"I take a great many journals but prefer the CALIFORNIA MEDICAL JOURNAL to any other."

Leaving our own State, J. L. Shilt, M. D., of West Baltimore, Ohio, writes: "I had thought of ordering the JOURNAL stopped, but its continual improvement is so marked that I have had to change my mind."

From half around the earth we hear from Melbourne, Australia:

"I congratulate you on OUR JOURNAL'S great improvement, and wish you much success." Yours truly,

DR. JOHN BROADBENT.

With these and many similar assurances, all from men of sound judgment, and whose opinions are practical and reliable, we are greatly encouraged in our efforts to make OUR JOURNAL a true exponent of Eclectic practice; to make it a means of individual culture and a record of achievement to be made use of by each member of our profession; to make it, for the busy practitioner, a counselor and an assistant that is reliable and indispensable.

These things are slowly but surely



being worked out. We are on the up grade and the summit level is in sight. OUR JOURNAL no longer needs apologies. It can be passed for what it is worth on its face, and we are proud of it.

Satisfactory and creditable as is its present condition, it is far short of what we expect to see it become. Our Coast physicians are only just beginning to work. More study, ladies and gentlemen, more careful thought, more patient, accurate investigation, more writing, much more writing, all write!

OUR JOURNAL'S success is your success, no physician can help it without helping himself. To-day and to-morrow are ours for achievement, they belong to all. Let us get right down to business and see what we *can* do. You may rely on us. Can we depend on you?

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### OUR FRONTISPIECE.

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Professor J. W. Hamilton, whose portrait furnishes our frontispiece, is one of the most widely known and respected of our coast Eclectics.

The doctor graduated from Bennett Medical College in 1870, and for several years practiced medicine and surgery successfully in Wisconsin, accumulating a handsome property.

At the earnest invitation of Dr. Maclean, President of the California Medical College, he came to this coast in 1888, and at once assumed the Chair of Gynæcology in our College, and began to take an active part in the efforts being made to firmly establish our cause in the extreme West.

His practice in San Francisco has, from the first, been large and lucrative. In his specialties, diseases of women, and diseases of the alimentary tract,

he has no superior, and many of his patients are of the San Francisco Four Hundred.

The doctor is a natural orator, and at the last Legislature his eloquence and tomahawk logic killed the infamous "cinch bill" in committee, and was of untold benefit to our coast Eclectics and Homœopaths. This was the effort of his life and will long be remembered by those in whose behalf he labored.

As a College Professor the doctor is thoroughly at home with his subject, an excellent teacher, genial and kind-hearted in manner, and is highly esteemed by all the students and by his colleagues in the faculty.

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### A CRYING NECESSITY.

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A bill appropriating six thousand dollars for the use of the State Board of Health, to provide anti-toxine for the treatment of diphtheria has been rushed through the Legislature and will probably be a law by the time this is printed, as it now only waits the signature of the Governor.

A great display has been made of the wonderful effects which have followed the use of anti-toxine in San Francisco and neighboring places, and the great necessity of having a supply on hand is strongly urged. Our experience is, that the past year has been a remarkably healthy one, and that there has been a great scarcity of genuine cases of diphtheria. Doubtless there have been some severe cases of tonsillitis, but these might have recovered without any treatment at all—in fact they would have been almost certain to.

A case in point which has been under the observation of the writer the



past week is a good illustration of what might have been claimed for antitoxine, had it been used. A domestic, who has been employed in Golden Gate, came home very sick with sore throat and called the writer to attend her. In the family in which she had been serving mother and several children had suffered with an endemic of tonsillitis; overwork and loss of sleep finally conspired to bring on a more than ordinarily severe attack in the case of the domestic, and the family physician diagnosed it a probable case of diphtheria, and ordered her home, for rest and treatment. On the first visit the throat was found much congested, the glands swollen, the tissues of the throat dusky, an ashen-gray sloughy exudation covering the tonsils and extending to the adjacent mucous membrane, while the general symptoms were those of suffering and prostration. The odor of the breath was also unpromising. Treatment consisted of phytolacca, aconite and rhus in combination, minute doses hourly, with a two-grain powder of 3x trituration of arseniate of quinia four times daily. The next call was to be made on the third day, as the patient desired to curtail expense and objected to everyday visits. Calling at the appointed time the patient was found up and around, had been out on the street that afternoon, and declared herself almost entirely recovered; exudation all gone and swelling of the throat only slightly noticeable. Wonderful results from treatment; but mark the sequel: The first night after treatment had been begun in the afternoon, she had accidentally dropped the glass containing the phytolacca, aconite and rhus mixture, spilling it all, and had taken

nothing but the powders as directed afterward. Memorandum: Arseniate of quinia, 3x trituration, four times daily, cures malignant diphtheria.

H. T. W.

### CIVILIZATION DAWNS IN CLEVELAND, OHIO.

During February of the present year, the Cleveland Medical Society (Allopathic) voted almost unanimously to abolish the old code and meet in consultation, and also receive into the Society, legal practitioners, irrespective of school. Dr. X. C. Scott, a veteran hardhead and uncompromising old-codist, offered the resolution and moved its adoption, immediately withdrawing from the Society upon the declaration of an affirmative vote. It seems as though the matter was intended as a bluff on his part and that he was hoisted with his own petard. Below is the resolution, as it appears in a current number of the *Cleveland Leader*:

"Whereas, The constitution and by-laws of the Cleveland Medical Society provide that any legal medical practitioner is eligible to membership of said society, and

"Whereas, At the last meeting, the amendment which it was proposed to make to the constitution and by-laws of said Cleveland Medical Society to conform to the constitution, by-laws and code of ethics of the American Medical Association was rejected and laid on the table, therefore be it

"Resolved, That the active membership of said Cleveland Medical Society shall be open to any legal practitioner of the city and county, no distinction being made in regard to the school of medicine to which said legal practitioner may belong."

Verily, the world moveth. H. T. W.



### SUCCESSFUL BUT NOT SCIENTIFIC.

The comments of our old-school friends upon our ability as practitioners and as a school of medicine, are amusing and significant. A writer in the *Medical Age* in an article published recently, admits that Eclectics are successful practitioners, but avers that they are lacking in principles which reduce the practice to anything like a scientific proposition.

This, of course, may do for Allopathic pabulum, for readers of such literature usually know nothing about the principles of Eclectic medicine, nor of the inwardness of its practice. It has always seemed to me that a successful practice ought to be an approach towards science, and that no practice ought to be considered scientific which was unsuccessful. However, there are evidently different ways of looking at a subject, and there are evidently claims made in prominent circles of science where success is often at a premium.

Within the past few years, in San Francisco, at an address delivered before an Allopathic faculty, an old-school orator asserted that the Eclectics confined themselves to vegetable remedies, and drew the conclusion that they could not be very successful while so hampered. This man figured as a teacher in a medical college, and was supposed to know what he was talking about. But, unfortunately, his early prejudices and training had so hampered him that he was unable to make a correct statement in regard to so simple a matter as the principles of a school of medicine which was at least older than himself.

In such matters the Allopath labors

at a great disadvantage with the Eclectic, whose early education affords him liberality enough to permit him to fill his library with the literature of all schools and beliefs in medicine, and enables him to know what he is talking or writing about before he condemns.

After all, we are to be congratulated upon the fact that there is an improvement upon old times in the spirit of tolerance and liberality which is progressively insinuating itself. Not all the Allopathic school can be included in the list of those who stand aloof. Indeed, a spirit of universal medical tolerance, based upon education and rationalism seems to be slowly developing.

H. T. W.

### UNIFORMITY IN PRESCRIPTION WRITING.

Shall it be Latin or English? Latin is the "language of medicine" and as such perhaps deserves the preference in prescription writing. It matters little, however, which language is employed so long as a consistent uniformity of style be maintained. Mongrel Latin is unscientific, inelegant and courts criticism.

The following too frequent forms of prescriptions are the occasion of these comments.

R.

Hydrarg. oxid. flav.	-	gr. jv.
Vasilini	-	3ij.

M. Sig. —

R.

Oil of stillingia	-	-	3ij.
Oil of cajeput	-	-	3ss.
Oil of lobelia	-	-	3ij.
Alcoholi	-	-	3ij.

M. Sig. —

Common to both these prescriptions



is the attempt to Latinize the English words *vaseline* and *alcohol*. If *petrolati mollis* (U. S. P. '94) or *unguenti petrolei* were substituted for *vasilini*, the first would furnish a fair example of a pure Latin prescription. In the second prescription, however, there is not even a semblance of uniformity in style. As English was employed at the onset it should have been maintained throughout the prescription. If Latin had been used *alcohol* (indeclinable) might have been the form but *spiritus vini rectificati* would have been more elegant.

There are many other phases to the subject of prescription writing but this simple matter of uniformity in style is certainly worthy of the attention of the scientific physician.

---

A NEW MINERAL WATER.—Bromo Lithia, a natural spring water from Ripley, Ohio, noted for the large amount of Lithia it contains and of undoubted merit, has been presented to the physicians of the city during the past month, and a number of them have reported most satisfactory results from same.

Dr. N. S. Giberson reports a chronic case of cystitis cured by two gallons of the water, and a case of Diabetes showing remarkable improvement.

Dr. J. C. Bainbridge reports a chronic case of cystitis of years standing that had resisted treatment of skilled physicians, showing marked improvement with three gallons of the water.

Dr. M. H. Logan, Ph. D., reports a case of albuminaria improving rapidly.

Dr. H. W. Hunsaker, has had success in several cases of chronic cystitis, and fully indorses it in this class of cases

and later will report on same more fully.

Dr. F. B. Sutherland, an acute case of cystitis cured with two gallons of the water.

Dr. J. J. Hug, reports an aggravated case of albuminaria cleared up with one gallon of the water.

Dr. C. N. Miller is experimenting with the water and is well pleased with results thus far obtained.

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"Surgery 200 Years Ago" is the title of a quaintly illustrated and valuable brochure containing in addition to subject matter many reliable prescriptions. Mailed free to any physician sending address to the Antikamnia Chemical Co., St. Louis, Mo.

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### *Book Notes.*

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DOSE BOOK AND MANUAL OF PRESCRIPTION WRITING, with a list of official drugs and preparations, also many of the newer remedies with their doses. By E. A. Thornton, M. D., Ph. G., demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Published by W. B. Saunders, 925 Walnut St., Philadelphia. Price \$1.25.

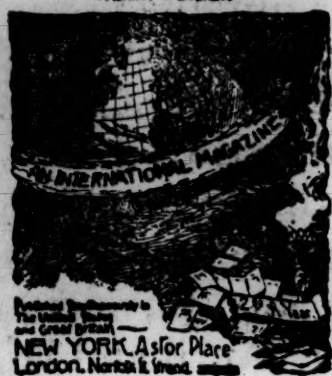
Of its kind I think this is one of the best books that ever emanated from the medical press. And for the many very valuable hints it contains, I cannot speak too highly of it, for students and even the majority of practitioners. It is full of valuable information, and all so placed that it can readily be referred to. Some of the features of the book besides being a sure guide as a dose book, are its attention to the Metric or Decimal system of weights and measures, prescription writing, solubilities and incompatibilities of drugs, together with other good features too numerous to mention. In conclusion would say to my students and physician friends get the book. FEARN.



# THE REVIEW OF REVIEWS

Edited by ALBERT SHAW

THE REVIEW OF REVIEWS



IT WAS in April, 1891, that the first number of the American Review of Reviews was printed. The new idea of giving the best that was in the other magazines in addition to its own brilliant, original articles, took America by storm, as it had taken England—though the magazine itself was not at all a reprint of the English edition. It deals most largely with American affairs, and is edited with perfect independence, in its own office.

The Review of Reviews is a monthly, timely in illustration and text, and instantly alive to the newest movements of the day, to a degree never before dreamed of. Thousands of readers who offer their commendations, among them the greatest names in the world, say that the Review of Reviews gives them exactly what they should know about politics, literature, economics and social progress. The most influential men and women of all creeds and all parties have agreed that no family can afford to lose its educational value, while for professional and business men, it is simply indispensable. The departments are conducted by careful specialists, instead of mere scissors-wielders, and scores of immediately interesting portraits and pictures are in each number.

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## MEDICINAL USES OF ASEPSIN SOAP.

**FOR THE SKIN.**—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

**CUTANEOUS DISEASES.**—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

**IN SURGERY.**—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

**IN GYNÆCOLOGY.**—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

**CONTAGIOUS DISEASES.**—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

*Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease.* I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,

PAUL T. BUTLER, M. D., Alamo, Michigan

## ASEPSIN SOAP IS NOW READY FOR THE MARKET.

**PRICE, \$1.40 PER DOZEN.**

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,  
CINCINNATI, OHIO.**



# We have them on the List.

Inasmuch as the tablet method of medication has become so popular, both with physician and patient, we have, at the request of a number of Practitioners, added **Lactopeptine Tablets**, 5 grs. each, to our list. To further increase their therapeutic efficiency, as well as to add to their palatability, we have incorporated with the Lactopeptine a small quantity of the digestive principle of the pineapple juice, which recent researches have shown to possess considerable digestive power. To render impossible any substitution of inferior products, each individual tablet is plainly stamped with the initials N. Y. P. A.



Always look for these letters, doctor, when dispensing **Lactopeptine Tablets**, and caution your patient to do so when you prescribe them.

Put up in bottles containing  
100 5-gr. Tablets and 50 5-gr. Tablets.

